

**CONFIDENTIAL (DO NOT ATTACH TO PETITION)**

GC-212

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <div style="border: 2px solid black; padding: 5px; margin: 5px 0;">Write your <b>name</b> here</div> <div style="border: 2px solid black; padding: 5px; margin: 5px 0;">Write your <b>address</b> here</div> TELEPHONE NO. <div style="border: 2px solid black; padding: 5px; margin: 5px 0;">Write your <b>phone number</b> here</div> E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): <b>In Pro Per</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO</b> STREET ADDRESS: 400 McAllister Street MAILING ADDRESS: Probate Department, Room 103 CITY AND ZIP CODE: San Francisco, CA 94102 BRANCH NAME: _____	
GUARDIANSHIP OF (Name): <div style="border: 2px solid black; padding: 5px; display: inline-block;">Write child's full name here</div>	MINOR
<b>CONFIDENTIAL GUARDIAN SCREENING FORM</b> Guardianship of <input type="checkbox"/> Person <input type="checkbox"/> Estate	
CASE NUMBER: <div style="border: 2px solid black; padding: 5px; display: inline-block;">Write your case number here</div>	

**Each proposed guardian shall submit this screening form with the guardianship petition.**  
***This form shall remain confidential.***

**How This Form Will Be Used**

This form is **confidential** and will not be a part of the public file in this case. You are required to complete and submit this form to the court under rule 7.1001 of the California Rules of Court. The information you provide will be used by the court and by persons and agencies designated by the court to assist the court in determining whether to appoint you as guardian. You **must** provide a response to each item.

1. a. **Proposed guardian (name):**

Fill out 1a-e

  
 b. Date of birth: \_\_\_\_\_  
 c. Social security number: \_\_\_\_\_  
 d. Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_  
 e. Telephone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_
  
2. ☐ I am ☐ I am not required to register 

Fill out #2-8. If you check "I am," "I have" or "Yes," attach a page saying why or what happened. Write "Attachment..." and the question number at the top.

*explain in Attachment 2.*
  
3. ☐ I have ☐ I have not been charged with, arrested for, or convicted of a crime deemed to be a felony or a misdemeanor. *(If you have, explain in Attachment 3.)* ☐ Check here if you have been arrested for drug or alcohol-related offenses.
  
4. ☐ I have ☐ I have not had a restraining order or protective order filed against me in the last 10 years. *(If you have, explain in Attachment 4.)*
  
5. ☐ I am ☐ I am not receiving services from a psychiatrist, psychologist, or therapist for a mental health-related issues. *(If you are, explain in Attachment 5.)*
  
6. Do you or does any other person living in your home have a social worker or parole or probation officer assigned to him or her?  
☐ Yes ☐ No *(if yes, explain in Attachment 6 and provide the name and address of each social worker, parole officer, or probation officer.)*
  
7. Have you or has any other person living in your home been charged with, arrested for, or convicted of any form of child abuse, neglect, or molestation?  
☐ Yes ☐ No *(If yes, explain in Attachment 7.)*
  
8. Are you aware of any reports alleging any form of child abuse, neglect, or molestation made to any agency charged with protecting children (e.g., Child Protective Services) or any other law enforcement agency regarding you or any other person living in your home?  
☐ Yes ☐ No *(If yes, explain in Attachment 8 and provide the name and address of each agency.)*

(Continued on reverse)

# CONFIDENTIAL

GUARDIANSHIP OF (Name):	Write <b>child's full name</b> here	MINOR	CASE NUMBER: Write your <b>case number</b> here
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9. Have you or has any other person living in your home habitually used any illegal substances or abused alcohol?  
☐ Yes ☐ No (If yes, explain in Attachment 9.)
10. Have you or has any other person living in your home been charged with, arrested, or convicted of any crime involving illegal substances or alcohol?  
☐ Yes ☐ No (If yes, explain in Attachment 10.)
11. Do you or does any other person living in your home suffer from mental illness?  
☐ Yes ☐ No (If yes, explain in Attachment 11.)
12. Do you suffer from any physical disability that would impair your ability to perform the duties of guardian?  
☐ Yes ☐ No (If yes, explain in Attachment 12.)
13. ☐ I have or may have ☐ I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of guardian. (If you have or may have, explain in Attachment 13.)
14. ☐ I have ☐ I have not previously been appointed guardian, conservator, executor, or fiduciary in another proceeding. (If you have, explain in Attachment 14.)
15. ☐ I have ☐ I have not been removed as guardian, conservator, executor, or fiduciary in any other case. (if you have, explain in Attachment 15.)
16. ☐ I have ☐ I have not filed for bankruptcy protection within the last 10 years. (If you have, explain in Attachment 16.)

Complete #9-16. If you check "Yes," "I have" or "May have," attach a piece of paper and explain why or what happened. Write "Attachment..." and the question number at the top.

Fill in child's information	MINORS' CONTACT INFORMATION
17. Minor's name: Home tel.:	School: School tel.: Other tel.:
18. Minor's name: Home tel.:	School: School tel.: Other tel.:
19. Minor's name: Home tel.:	School: School tel.: Other tel.:
<input type="checkbox"/> Information on additional minors is attached.	

## DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PROPOSED GUARDIAN-)

\*Each proposed guardian must fill out and file a separate screening form.